and Burns reported two cases in which operation was finally resorted to in old separation at the epiphysieal line, complicated with dislocation. The cases of Lange and Helferich, however, are unique in that operative measures were resorted to as an immediate method of treatment.—*München. Med. Woch.*, No. 40, 1887.

G. R. FOWLER (Brooklyn).

II. Double Luxation of the Clavicle. By DR. C. KAUFMANN. The great rarity of luxation of both ends of the clavicle at the same time is shown by a study of the literature where we find only eight cases. In three cases (Porral, Morel-Lavallee, Lund) the right clavicle and again as often (North Col and the Author) the left clavicle was dislocated. In two cases (Hutchinson and Gross) we have no data given. In seven cases the injury occurred in men. In all a severe traumatism caused the accident—a severe force acting from behind and externally on the one shoulder while the other shoulder was fixed by a firm resistance. The force caused a pressing together of both shoulders with a torsion of the body around the fixed shoulder in a direction from behind forward. The above applies to four of the eight cases. In three cases a fall on the shoulder is the causal factor. A peculiar tenacity of the tissue of the particular clavicle dislocated is thought by Porral to favor this accident rather than fracture. The aspect of the patient is characteristic after this dislocation and palpation fixes the diagnosis. The functional result was good in all cases after recovery. In one case at least it was possible to replace and retain the bone in position until complete cure resulted. The remaining cases recovered after the manner of non-reduced clavicular dislocations. The double dislocation of the clavicle is more common than the same dislocation of any other bone in the skeleton if we can conclude from cases in the literature. Only isolated cases of double dislocation of other bones are recorded.—*Zeitsch. f. Chir.*, bd. 28, heft 24 and 5.

HENRY KOPLIK (New York

III. Compound Fracture of the Patella Treated by Suture. By W. F. HASLAM (Birmingham). The patient, a man æt. 30, fell through a skylight on to his left knee, a distance of eighteen

feet, sustaining a scalp wound over the forehead, a wound of the nose communicating with a fracture of the nasal bones and a compound fracture of the left patella. Shortly after admission the wound over the knee was enlarged by a vertical incision. The soft parts were found to be much bruised. The patella was fractured transversely about its centre, and there were four small fragments almost entirely detached from its outer border, the joint was full of blood. The wound was carefully cleansed; the joint being washed out with 1-40 carbolic solution. The loose fragments of the patella were removed, and the two remaining ones were sutured with a single stout suture wire. A large drainage tube was inserted on either side of the joint; others were placed outside the capsule; the skin wound was united with wire sutures and a tube placed at each end. The carbolic spray was used. No complication of any moment occurred during the subsequent progress of the case. The sutures fixing the fragments were removed at the beginning of the third month, and the patient was subsequently discharged to a convalescent home. The wound over the joint healed soundly, eventually, the delay in healing having been due to the injury received by the soft parts at the time of the accident. The patient refused to permit any attempts at passive motion being practiced, being perfectly satisfied with a stiff knee. On his discharge seven months after the accident he returned to his former occupation as a porter, in which he has been doing from 12 to 14 hours work daily ever since. At the present time the knee is firmly fixed in a slightly flexed position, the patella has united by bone, and can be moved a very little from side to side.—*British Medical Journal*, July 21, 1888.

H. PERCY DUNN (London).

IV. Resection of the Fragments and Bone Suture in the Treatment of Pseudoarthrosis of the Thigh. By PAUL BERGER (Paris).—The author gives a resumè of the principal difficulties and dangers in the treatment of pseudoarthrosis by the method of resecting and suturing the ends of the fragments as follows: 1. The tendency of the fragments to dislocation. 2. The inherent defects of the metal suture, the liability of the latter to break or stretch, and its tendency to cut its way into the bony parts, and thus render insecure